



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Tuli, R.
Appl. No. : 10/716,796
Filed : 11/11/2003
Title : LASER ADDRESSED MONOLITHIC DISPLAY

Grp./A.U. :
Examiner :

Docket No.: 16445

Honorable Commissioner of Patents
Alexandria, VA 22313-1450
Sir:

PTO CUSTOMER NO. 000293

NEW POWER OF ATTORNEY AND REVOCATION OF PREVIOUS POWERS

Submitted herewith are two newly signed Powers of Attorney for the above referenced application. The applicants wishe all new correspondence be directed to the address associated with customer number 000293.

Should there be any questions regarding this application it is respectfully requested that the undersigned agent be contacted at the telephone number provided.

Respectfully submitted,

DOWELL & DOWELL, P. C.

Wendy M. Slade, Reg. No. 53,604

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Date: April 21, 2009

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PTO/SB/81 (01-09)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/716,796
	Filing Date	11/11/2003
	First Named Inventor	Tuli et al.
	Title	LASER ADDRESSED ...
	Art Unit	
	Examiner Name	
	Attorney Docket Number	16445

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

000293

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name	Dowell & Dowell, P.C.			
Address				
City		State		Zip
Country				
Telephone		Email		

I am the:

☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

☐ Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.

SIGNATURE of Applicant or Assignee of Record

Signature		Date	March 13, 2009
Name	Ricardo Izquierdo	Telephone	514-987-3000 ext.3307
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/81 (01-09)

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OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name	Dowell & Dowell, P.C.			
Address				
City		State		Zip
Country				
Telephone		Email		

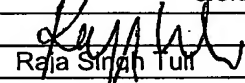
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☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.☐ Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature		Date	March 10, 2009
Name	Raja Singh Tuli	Telephone	514-871-0984
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.☐ *Total of _____ forms are submitted.

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